AN EXAMINATION OF THE FEMALE CONTINUUM OF SERVICES

FINAL REPORT

Executive Summary

In response to growth in our female population, the Division has twice called for a committee to review available community resources and make recommendations for services or programs that will meet the needs of the young women.

The first committee concluded its work in July of 1997. Based on committee recommendations, the Division established a female O&A, a female unit of secure care, and began developing standards of care for females in the system.

In August of 2002, the second committee was convened to conduct a new review of the Division's resources for females. The committee received the following charges:

- Provide a summary of all Division female programming
- Examine conditions, and types of clients served
- Identify unmet service needs in the Division's continuum of care.
- Make recommendations as to what types of programs would best address the needs of the Division's female clients

The data for this evaluation were collected from (a) risk assessments completed on females in the juvenile court/youth corrections system, (b) a questionnaire administered to programs and service providers, and (c) an email survey of Division case managers, supervisors, and managers, (d) a review of the literature on female programs, (e) the collective experience of committee members representing the court, DYC, Youth Services, and the private provider network, and (f) a system analysis guided by Dr. Christine Ameen. Based on this information, the following recommendations were made.

Task Force Recommendations:

1. **Best practices** – The "best practice" list, developed by this committee, should be used for the regular review of programs and services in the Division's continuum of care.

2. **Increase transition services** – The Division should establish resource centers and transition units for females in the higher population areas, similar to Reflections in Davis County.

3. **Semi-secure placement** - The Division should develop a semi-secure placement without a heavy psychiatric emphasis.

4. **Increase services to families** – The Division should develop programs that allow for interventions with families.

5. **Training for female programs** – The Division should support ongoing staff training that focuses on gender-specific issues.

6. **Provide administrative oversight** – The Division should provide administrative oversight, on a statewide basis, for the continued development of the gender-specific continuum of services.

I. Introduction

In the past ten years, the Division has experienced rapid growth in the number of females admitted to community programs. Between the years of 1995 and 2002, this group increased by nearly 500%, growing from 48 individuals in FY1995 (about 5% of all youths admitted) to 270 in FY2002 (0ver 14% of all youths admitted).

The Division first convened a task force in February of 1997 to examine the resources and programming available to meet the needs of the young women in our care. The recommendations of that committee are summarized as follows:

- In future Request for Proposals, the Division should include information about "best practice", and ask that providers respond with gender-specific programming that incorporates best practice. "Best practice" was articulated in an attachment titled, "Six domains of a Female Youth Offender Program".

- The Division should provide gender-specific programming in its facilities and programs, including all female residential programs when justified by population.

- The Division should have female specific caseloads for probation, case management, and parole staff.

- Training on gender-specific programming is mandatory for new employees and private providers, and ongoing training is part of our training curriculum.

The second committee was convened in August of 2002, to examine the current population of females and identify any unmet needs in programs and services. Following is a description of the committee, and a summary of the charges.

II. Committee Membership

I would like to extend my sincere appreciation to Dr. Christine A. Ameen, for the support she has given this project. Dr. Ameen provided a vision, and contributed a Program Model that served as the basis for our review. She donated many hours to the success of this evaluation.

In addition, I would like to acknowledge the many contributions of Dr. John DeWitt. John was instrumental in bringing the Division's initiatives to bear on this project, and provided the research and data collection to identify the characteristics of our population, and survey our existing programs and services. John and Chris provided some real leadership and support throughout the project.

The task force represented all parts of the system; youth services, probation, diversion, case management, parole, secure care, and the private provider system. The committee included representatives from Ogden, Provo, and Salt Lake City.

Vanessa Jarrell, Wasatch Youth Center (chair)
Nanon Talley, Casemanager
Robert Heffernan, Archway Youth Services
Marcie O'Donnell, Salt Lake O&A
Julie Barbaro, Choicepoint
Noela Karza, Lightning Peak
Mike Murry, Wasatch Youth Center
Kit Klemo, Parole Officer
Kristin Harper, Juvenile Court Probation Officer
Judy Banks, Tristan
Becky Otsuka, Introspect
Carmen Moulds, Youth Services
Holly Willard, Youth Support Systems

III. Task Force Charges

- Provide a summary of all division female programming
- Examine conditions, and types of clients served
- Identify gaps in our current system
- Make recommendations as to what types of programs would better address the needs of our female clients

A Program Model provided the framework for the gathering and analyzing of information. Dr. DeWitt assisted in profiling the females from the Division and the Juvenile Court by compiling information from protective and risk assessment instruments. The committee endorsed the best practice guidelines set forth by the original committee, and sought to make enhancements based on a review of the literature, "expert opinion", and client conditions as currently outlined. The following "best practice" guidelines became the basis on which the committee addressed the list of charges.

BEST PRACTICE FOR FEMALE PROGRAMS AND SERVICES

1. Physical Environment
   - Ensure safety
   - Ensure emotional safety
   - Accommodate specific "girl" time
   - Support the integration of activities with boys
   - Accommodate girls having their own space
   - Support using experiential group interventions
   - Provide private meeting rooms

2. Programs must give girls opportunities to interact with:
   - Other women already present in their lives
   - Mentors who model strength, growth, survival
   - Boys, including those from the community
   - Adult males who model appropriate relationships with females
   - Female peers
   - Role models who are reflective of the girl's cultural experiences

3. Programs must give girls opportunities to:
   - Have input into the design of the program
   - Have input into the design of their treatment
   - Exercise facilitated or guided decision-making
   - Learn more about the implications of the choices they make
   - See men and women working in teams, modeling cooperation, respect and good communication
   - Work in groups with peers, making decisions together
   - Make restitution, to their victims and to the community at large
   - Create or strengthen ties in the community

4. Program content must:

   - Reflect value for the experiences and contributions of women
   - Reflect the strengths of the cultures from which girls come
   - "debunk" the myths about men and women

5. Educational strategies must address:
   - Educational and vocational assessment, to assure needs are addressed
   - Women's health, including female development, substance abuse, pregnancy, contraception, diseases and prevention
   - Information girls need to understand

6. Gender-specific strategies must address:
   - Make positive contributions to girls on an individual level, within their relationships with females already in their lives, and within the community.
   - Understand their victimization and how viewing themselves as victims contributes to their behavior
   - Understand they have the power not to participate in abusive situations
   - Address their feelings of anger and frustration that contributed to their delinquent behavior
   - Systematically explore their reluctance to trust others
   - Learn how to develop and maintain healthy and appropriate boundaries in relationships
   - Replace their current delinquent behavior with alternatives, such as volunteer activities, extracurricular activities, etc.
   - Develop self-advocacy skills which might include training in self-defense, assertiveness, empowerment, or physical training

7. Strategies for working with families must include:
   - Family psycho-educational groups
   - Structured family outings
   - In-home services (assessment of family, linkages to other services)
   - When appropriate, mother-daughter and father-daughter activities that enhance bonding
   - Well baby care – health for babies
   - Parenting skills development including the physical, emotional, safety needs of mother, father & child. Parenting techniques, discipline, child development
   - Access to day care services whenever needed

8. Staffing model that provides for:
   - Integration of both male and female staff
   - Increased time for relationship-building and processing
   - Ongoing training and support for the gender specific activities
   - Availability of female staff in specific circumstances, e.g. bed checks, health care appointments, etc.

IV. Summary of current programs and services for females

With "best practice" in mind, the task force began with the list of charges. The first charge, that of providing a summary of Division female programming, was accomplished by dividing programs and services into service codes.

The number of beds represents the total number available for all clients, including other Divisions. The contracts are open ended, and therefore not specific to any exact number of DYC clients.
It should be noted that in the past year, the Division has lost three programs, each serving a distinct purpose in the continuum. Those programs were Forest Ridge, Strawberry Work Camp, and wilderness therapy.

FEMALE ONLY PROGRAMS	**# of beds**
Intensive residential treatment services/YRM	
YWEC - Ascent Group Home	12
Byrd House	10
Lakeview Group Home (Rocky Mountain)	15
	37
Intensive residential teaching family model/YTF	
Raymond Home Teaching (Utah Youth Village)	**8**
Group residential care/YRC	
Praxis Group Home	**6**
Independent living/residential care/YLR	
YWCA Teen Mother & Child	12
Step Beyond Independent Living	4
Praxis Independent Living	2
	18
Residential, pregnant/ parenting teen/YPG	
Odyssey Women & Children	**35**

	# of beds
Residential intensive mental health/YRH	
Artec Girl's Open Unit	**12**
Psychiatric tx mental health/YPM	
Artec Intensive	16
Artec D&A	8
	24
Youth Corrections	
Genesis	
O&A	**8**
Wasatch	
Youth Corrections Day Treatment	
Reflections	
Therapy Services - With Girl's Group	
Choice Point	
CBTS	
Life Matters	

CO-ED PROGRAMS

Intensive residential mental health/YRH
Artec D&A Transition
4

Psychiatric treatment/YPR
Heritage Schools
66
Cinnamon Hills
48
Copper Hills

Intensive residential/YRM
Odyssey House

Day Treatment
Introspect
Country Cottages

Therapy Services
Cornerstone Counseling
Youth Services
Youth Support Systems
Gathering Place

PROCTOR

Family and individual based residential care/YIR/YFB
(* - have taken female clients)
CBTS *
Introspect *
Pioneer Youth *
Country Cottage*
For the Youth*
New Leaf*
Ensign Peak*
Allies for Youth and Family
ABLE*
Ascent
Heritage Youth Services
Northeastern Services
Praxis*
Pyramid
Rocky Mountain*
Step Beyond *
Tristan *
Triumph *
United Children Services
Utah Youth Village *
Artec*
Vista

INDEPENDENT LIVING

Independent living/YLR
Country Cottage
Introspect
ABLE
For the Youth
Heritage Youth Services
Northeastern Services
Pyramid
Rocky Mountain
Triumph
Tristan
United Children Services

V. The Program Model

The program model, or logic model, includes client conditions, best practice, and client outcomes. The logic model provided the strategy by which the committee conducted the evaluation.

The Model is divided into three parts:

1. Preparing for assessment and planning
2. Assessing current programs and services
3. Program planning and final recommendations

Part One: Preparing for Assessment and Planning

In the first part, preparing for assessment and planning, the committee identified client conditions, and represented them in the following table, along with best practice principles and BARJ outcomes. Client conditions were determined by conducting 156 protective and risk assessments to females throughout the continuum of care. We found that females have a substantially higher number of risk points than males, with the exception of delinquency history. The areas in which females scored significantly higher are "environment in which the youth was primarily raised", and "relationships". The area highest in protective points is the "skills" domain.

Table 1. Numbers of males and females given the Protective and Risk Assessment (PRA).

GENDER	YOUTHS ASSESSED	ASSESSMENTS ADMINISTERED	AVERAGE AGE
Male	730	808	16.2
Female	156	179	16.2
TOTAL	886	987	16.2

Table 2. Average numbers of Risk and Protective Points received by males and females given the Protective and Risk Assessment (PRA).

	FEMALE		MALE	
DOMAIN	Risk Points	Protective Points	Risk Points	Protective Points
01. Delinquency History	9.4	0	12.7	0
02. School	10.7	1.5	10.2	2.3
03. Use of Free Time	2.1	0.9	1.4	2.2
04. Employment	0.2	2.2	0.1	4.0
05. Relationships	11.8	4.4	8.8	5.9
06A. Environment – youth raised	18.0	2.7	12.2	2.9
06B. Current Living Arrangement	8.9	5.0	8.9	6.1
07. Alcohol and Drugs	6.0	0	5.0	0
08. Mental Health	4.0	0	2.6	0
09. Attitudes/Behavior	10.2	3.2	9.6	4.1
10. Skills	15.8	5.9	17.4	7.2

The committee, based upon research, expert opinion and experience, assembled a list of other common characteristics found in working with females. These included grief issues, all forms of abuse, relational conflicts, substance abuse, poor health, high-risk lifestyles, and negative cultural messages. All of the above information is represented in the following table:

Girls Program Model Template

Client Conditions (demographic characteristics, risk factors)	**Best Practices** (based upon latest research, expert opinion, experience)	**BARJ Outcomes** (accountability, competency development, community protection)
▪ Grief Issues ▪ Abuse, i.e., Sexual, Emotional, Physical ▪ Domestic violence ▪ Relational problems ▪ Conflicts in family & extended family ▪ School behavior and achievement problems ▪ Drugs/Alcohol ▪ Negative thinking patterns ▪ Health Eating Disorders STDs Pregnancy Side effects from substance abuse Need for psychotropic medication Lack of basic hygiene ▪ Victims of trauma ▪ High risk lifestyles, PTSD	1. Physical environment must: ▪ Ensure safety ▪ Ensure emotional safety ▪ Accommodate specific "girl" time ▪ Support the integration of activities with boys ▪ Accommodate girls having their "own space" ▪ Support using experiential group interventions ▪ Provide private meeting rooms 2. Programs must give girls opportunities to interact with: ▪ Other women already present in their lives ▪ Mentors who model strength, growth, survival ▪ Boys, including those from the community ▪ Adult males who model appropriate relationships ▪ Female peers ▪ Role models who are reflective of the girl's cultural experiences (foster ethnic identity). 3. Programs must give girls opportunities to: ▪ Have input into the design of the program ▪ Have input into the design of their treatment plan ▪ Exercise facilitated or guided decision-making ▪ Learn about the implications of the choices they make ▪ See men and women working in teams, modeling cooperation, respect and good communication ▪ Work in groups with peers, making decisions together ▪ Make restitution, to their victims and to the community at large ▪ Create or strengthen ties in the community	1. Less delinquency 2. Improved positive coping skills 3. Improved relationship-building skills 4. Expanded awareness of community resources 5. More positive factors (as defined by the PRA) 6. Improved school skills development 7. Less substance abuse 8. Enhanced positive relationship with community 9. Increased empathy for victims, others 10. Increased family support for treatment plan 11. Positive placement at departure 12. Increased knowledge about the skills for self sufficiency 13. Increased skills for self sufficiency

Client Conditions (demographic characteristics, risk factors)	**Best Practices** (based upon latest research, expert opinion, experience)	**BARJ Outcomes** (accountability, competency development, community protection)
▪ Poor socio-economic status ▪ Put in care taker roles ▪ Feelings of hopelessness ▪ Family resistance to youth treatment ▪ Cultural messages that are mixed ▪ Lack of "sister" support	4. Program content must: ▪ Reflect a value for the experiences and contributions of women ▪ Reflect the strengths of the cultures from which girls come (e.g., Afro-centric history) ▪ "debunk" the myths about men and about women 5. Educational strategies must address: ▪ educational and vocational assessment, to assure needs are addressed ▪ women's health, including female development, substance abuse, pregnancy, contraception, diseases and prevention ▪ information girls need to understand the consequences of high-risk behavior ▪ decision-making, including problem-solving, negotiation, anger/stress management and assertive communication ▪ skills for surviving within the school environment ▪ Increased opportunity for math, science, & technology skill development (e.g., using existing community resources) 6. Gender-specific strategies must give girls opportunities to: ▪ Make positive contributions to girls on an individual level, within their relationships with females already in their lives, and within the community ▪ Understand their victimization and how viewing themselves as victims contributes to their behavior ▪ Understand they have the power to not participate in abusive situations ▪ Address their feelings of anger and frustration that contributed to their delinquent behavior ▪ Systematically explore their reluctance to trust others ▪ Learn how to develop and maintain healthy and appropriate boundaries in relationships ▪ Replace their current delinquent behavior with alternatives, such as volunteer activities, extracurricular activities, etc. ▪ Develop self-advocacy skills which might include training in	14. Increased functioning in a school setting (time management, tolerance of structure, responsibility) 15. Increased motivation toward pro-social behavior. 16. Increased understanding of family dynamics and their impact

Client Conditions (demographic characteristics, risk factors)	**Best Practices** (based upon latest research, expert opinion, experience)	**BARJ Outcomes** (accountability, competency development, community protection)
	self defense, assertiveness, empowerment, or physical training 7. Strategies for working with families must include: ▪ Family psycho-educational groups ▪ Structured family outings ▪ In-home services (assessment of family, linkages to other services) ▪ When appropriate, mother-daughter and father-daughter activities that enhance bonding ▪ Well baby care – health care for babies (including experience with day care) ▪ Parenting skills development including the physical, emotional, safety needs of mother & child (wherever possible including the father). Parenting techniques, appropriate discipline, child development ▪ Access to day care services whenever needed 8. Staffing model that provides for: ▪ Integration of both male and female staff ▪ Increased time for relationship-building and processing ▪ Ongoing training and support for the gender specific activities ▪ Availability of female staff in specific circumstances, e.g. bed checks, health care appointments, etc.	

Part Two: Assessing Current Programs and Services

To address the next section of the model, assessing programs and services, the committee examined the following questions:

- To what extent does the program/service contain the elements of best practice as outlined in the second column?

- To what extent does the program/service achieve the BARJ outcomes outlined in the third column? Which outcomes does the program/service specifically achieve?

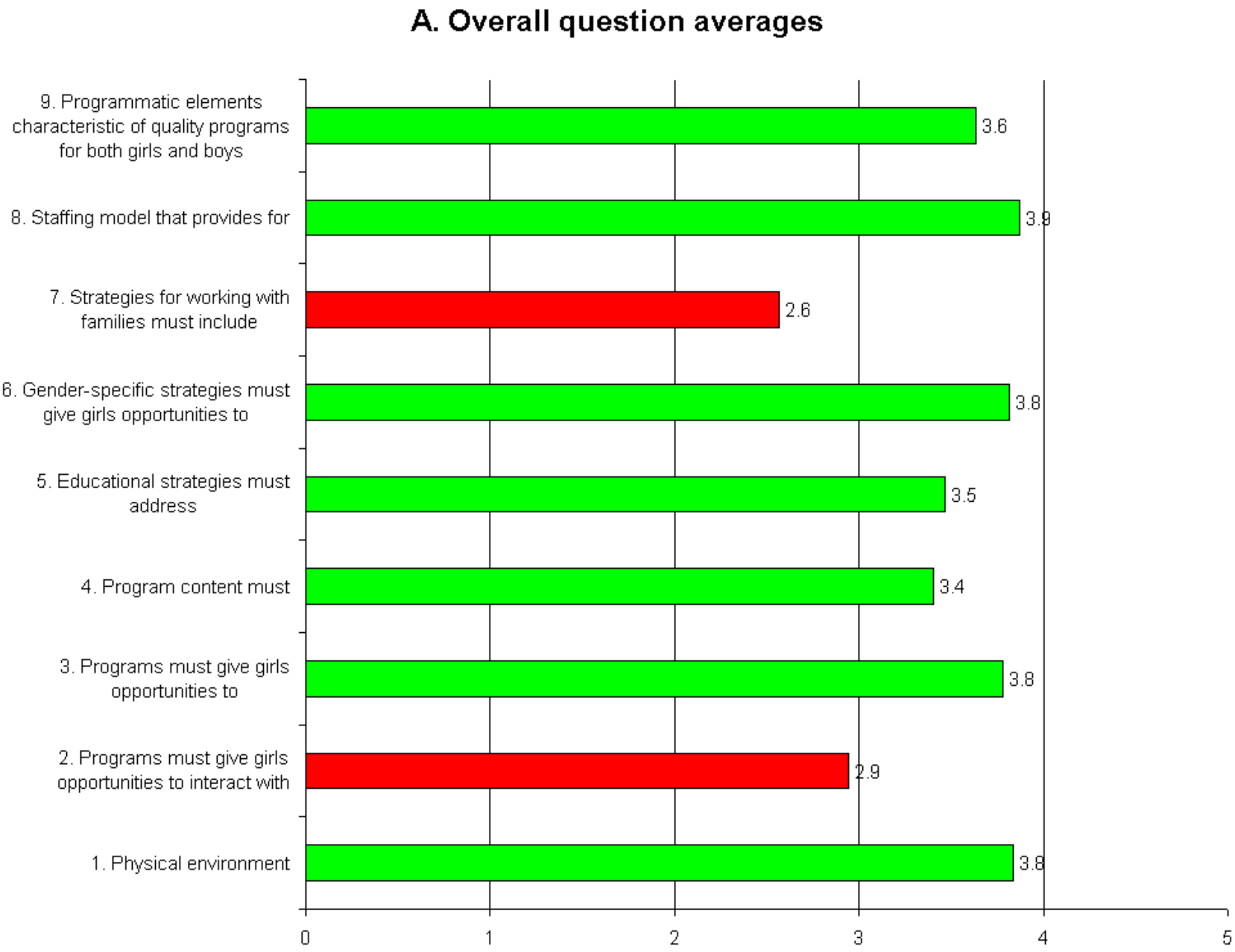
- To what extent does the program/service serve girls with the client conditions outlined in the first column? Does the program/service focus on a special population? If so, what population? Is this practice consistent with best practice?

While the scope of the committee limited us in addressing all of these issues, we were able to provide a beginning on which to build. To the extent we can continue to ask these questions, we will be able assess our programs and services to decide which are closest to realizing the "best practice" model, which are "promising" and need enhancements, and which are better to eliminate.

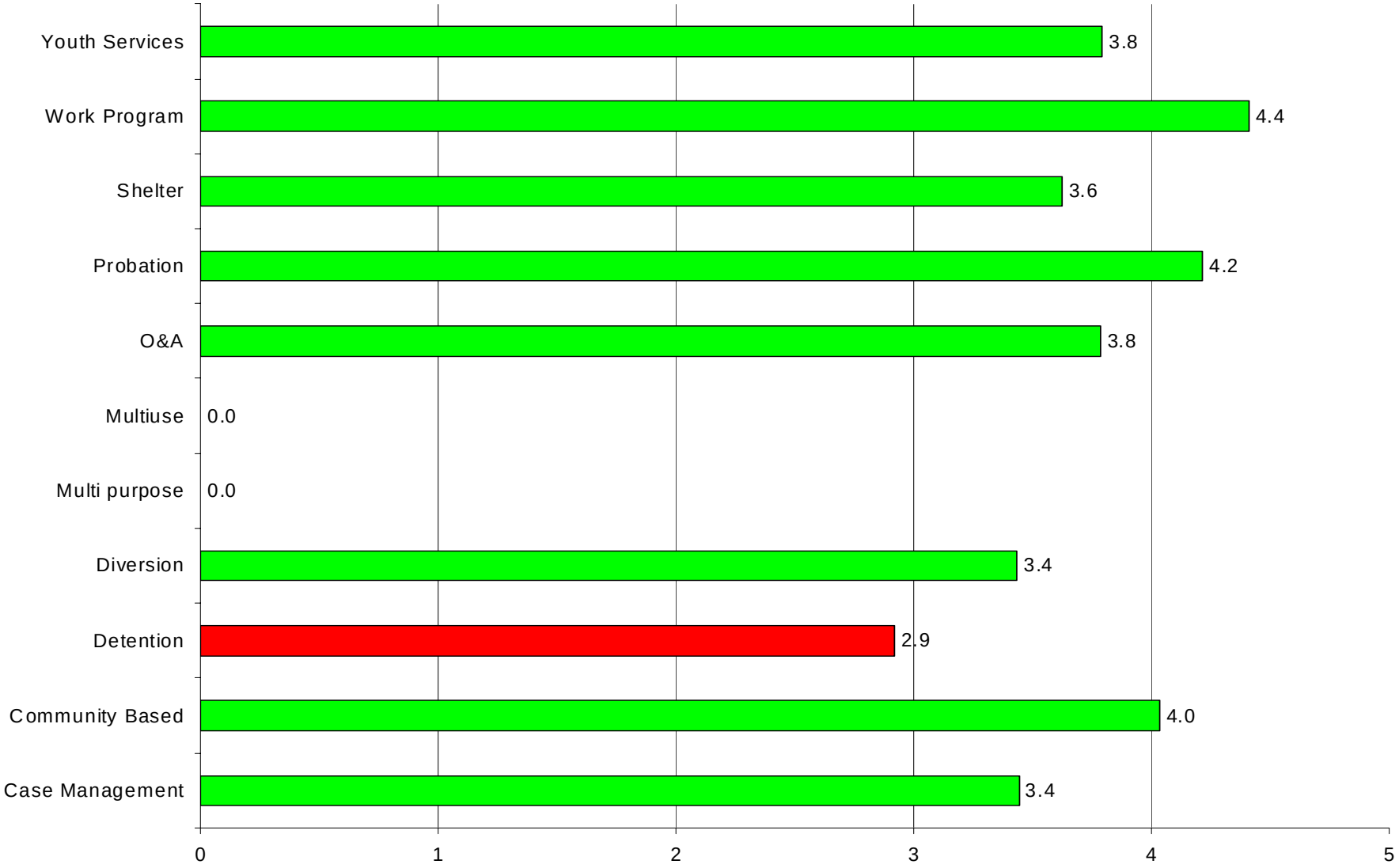
A. Questionnaire

To begin, the committee formulated a questionnaire, based upon principles of "best practice". We asked providers to give us feedback on how their program or service held up against our stated "best practice". The questionnaires were mailed to both public and private providers. We mailed sixty-one questionnaires and had thirty-five returned. Of those thirty-five, most were from community based programs, although all parts of the system were represented. The following charts provide information on the overall returns. While scores may be somewhat elevated, they are true to the pattern we found in an earlier test run of the instrument.

Chart A indicates the overall question averages. The nine domains coincide with the nine sections of the questionnaire, which is the eight elements of best practice, and one question asking about quality programming in programs for both girls and boys. On a scale of zero to five, the higher numbers represent "best practice". Chart B indicates those scores broken out by program type.


A. Overall question averages
9. Programmatic elements characteristic of quality programs for both girls and boys
3.6
8. Staffing model that provides for
3.9
7. Strategies for working with families must include
2.6
6. Gender-specific strategies must give girls opportunities to
3.8
5. Educational strategies must address
3.5
4. Program content must
3.4
3. Programs must give girls opportunities to
3.8
2. Programs must give girls opportunities to interact with
2.9
1. Physical environment
3.8
0
1
2
3
4
5

B. Averages by Program Type



The overall results of the questionnaire found consistently low ratings in family work, or creating opportunities for girls and their parents to interact and work on improving relationships. Again, this is particularly significant given the fact that home environment proved to be the highest risk factor for females in our system. Scores were also low in teaching the girls skill building in regard to self-advocacy. We found that programs rated somewhat higher on identifying problems, and dealing with feelings, than they did in teaching the skills for greater self-reliance. Other particulars that produced low scores included "providing role models reflective of the girls cultural experience, interaction with boys/men, and participation in their individualized treatment plan". For a number of reasons, the treatment plans overall did not appear highly individualized.

High marks were scored in ensuring physical and emotional safety, and allowing the girls opportunity for choices in peer activities and work groups. In addition, programs also did well in providing female specific strategies that give girls opportunities to understand their victimization, develop appropriate boundaries, and address their feelings.

B. Challenges

Another section of the questionnaire asked respondents to list the challenges they face in meeting "best practice" standards. The results are summarized in the following table:

Challenges	Content Areas	Physical Environment	Opportunities to interact with	Opportunities to	Program content	Educational	Gender specific	Family	Staffing issues	Generic Program areas
Physical Challenges										
Issues of keeping boys from girls, related to physical facility		✓							✓	
Physical condition of facility – security, communication systems, limited resources		✓			✓					
Staff Challenges										
Recruitment of ethnic staff			✓		✓					
Finding appropriate males to interact, staffing requirements require preponderance females		✓	✓						✓	
Difficult to get positive females to participate (scheduling, security issues, availability)			✓							
LOS prohibits development of this sort of opportunity, too many/few female clients			✓	✓	✓	✓	✓	✓		✓
Multiple program objectives limit effectiveness (trying to do too much with too little)			✓	✓	✓		✓			
Staff availability issues (including turnover, ethnicity, gender, trained to work with females)			✓	✓	✓				✓	
Program Challenges										
Limited opportunities for victim services				✓			✓			
Finding ways to reach clients, training				✓	✓	✓	✓	✓	✓	✓
Lack of Coordination with community resources incl. school; limited resources incl. Technical training, broad range client abilities						✓				
Family dysfunction, willingness to participate, physical distance							✓	✓		

The responses were broken down into three sections; physical challenges, or challenges related to the physical structure of the building, staff challenges, and program challenges. The results were also tallied across the eight domains of the best practice model; (1) physical environment, (2) opportunities to interact with mentors, boys, and adult men, (3) opportunities to have input into their program and treatment plan, (4) program content that reflects cultural strengths, (5) educational strategies, (6) gender specific strategies, (7) working with families, and (8) and a staffing model that integrates men and women, and provides for ongoing training.

Under **physical challenges**, most comments reflected difficulty in keeping the boys and girls separated, such as having the time out rooms located in the female section of the facility, and having to take boys into that area for time out. Also, staffing issues were mentioned in terms of having an adequate number of staff at all times to keep the populations separated.

Staff challenges indicated limited interaction with boys/men, and little program content dealing with ethnic and cultural perspectives. While the literature supports interaction with boys/men as critical to socialization and treatment, there is some philosophical differences among Division staff as to what is best for girls, and a number of our programs scored low in facilitating interaction with males. Other obstacles to providing interaction with males include program length of stay, too many or too few female clients, finding appropriate males to foster interaction, staffing patterns requiring a preponderance of females, and multiple program objectives, or trying to do too much with too little. Staff challenges in regard to providing varied cultural experiences include the recruitment of ethnic staff, difficulty in getting positive females to interact, and staff availability issues, such as turnover, and staff who are trained to work with females.

A review of **program challenges** revealed limited coordination with community resources, limited opportunities for victim services, families who are unwilling or unable to participate, and "finding ways to reach clients". This was represented by comments such as, "girls feel entitled", "getting clients to make a sincere commitment", "we are not a treatment facility, little follow through with parents", "finding the best level of intensity to the program so as not to overwhelm the girls", "balancing the schedule", and "unable to consult with schools". It seems these are ongoing program issues that relate to finding effective ways to reach clients.

It should be noted that two of the challenges appeared across most of the eight domains of the "best practice" model. These stand-out items include program length of stay, and challenges of finding ways to effectively reach clients. Second to that would be multiple program objectives that limit effectiveness, and staff availability, such as turnover, recruiting an ethnic balance, and keeping staff who are trained to work with females.

VI. GAPS IN SERVICE

As a final task, the committee identified the gaps in our service continuum. This was accomplished by comparing the findings from our assessment and our survey, and comparing those findings against the tool used to prepare for assessment and planning. The identified gaps are broken down into program and service, with a number of service ideas being submitted. There was a general feeling that we have an adequate number of providers, but not enough to "weed out" the problem programs. The gaps are as follows:

1. Transition services were identified as the highest priority. There is a need, particularly in Salt Lake County, to develop transition beds. A combination of transition/crisis beds would be most helpful in the larger geographic areas.
2. Develop transition services, similar to the Reflections Program in Davis County. A resource center is imperative to assist the girls in their transition from one placement to another, and to provide on-going community support for continued success in their treatment plans. Females are often placed out of their area, due to the limited number of gender specific programs. This makes transition a more complex issue, as the continuity with staff is diminished.

3. Also identified was a need for a semi-secure placement without a heavy psychiatric emphasis. ARTEC is often used for the security they provide, whether or not the psychiatric care is considered necessary.

4. A drug and alcohol unit was also recommended. ARTEC is often used for that purpose, but again, along with those services come security and psychiatric care that may not be necessary. It was also noted that we have day treatment options for drug and alcohol services, but only in mixed populations. Eventually, we would envision day treatment substance abuse services that are offered in a female specific format.

5. Also mentioned, but lower in priority, is a residential placement for girls with lower IQ's.

5. Parent involvement. As mentioned, the home environment for females is their highest area of risk.

6. An increase in transition services, such as day treatment, community linkages, support groups, drug and alcohol groups, etc. for females in the community.

7. Female groups for wilderness programs.

8. An adequate number of unwed/teenage pregnancy programs and services.

9. Programming issues. A number of suggestions were made to strengthen existing programming. These include sex education, motherhood, various types of victimization and what to do, increased interaction with boys and men, education for police officers on how to handle females, more visual/kinesthetic type learning, and more concrete training on how to work with girls, with less emphasis on gender awareness or sensitivity of staff.

Part Three: Program Planning and Final Recommendations

To finalize discussion of the model, part three deals with program planning and final recommendations. There are two specific activities that are a part of program planning. First, assessing each program according to the criteria set forth in client conditions, best practice, and BARJ outcomes. This is illustrated in the following table, "Assessing Current Programs and Services".

Assessing Current Programs and Services

Current Program or Service	To what extent does the program/service contain the elements of best practice?	To what extent does the program/service achieve the BARJ outcomes? Which outcomes does the program/service specifically achieve?	To what extent does the program/service serve girls with the client conditions? Does it focus on a special population? Is it consistent with best practice?	Assessment, in terms of keeper, promising, loser; comments re enhancements to be made:
Program A				
Program B				
Program C				
Program D				

The second activity is the identification of gaps in service. If best practice says, for example, that our clients need more in-home services for families, the Division may plan to incorporate that into the service continuum. Potential gaps can be identified by reviewing all findings from the assessment, and comparing those against the tool used to prepare for assessment and planning.

In summary, the program planning model can be used to make recommendations in three categories:
1. Currently existing programs and services that ought to continue;
2. Currently existing programs and services that ought to be enhanced;
3. New programs and services that ought to be created.

Summary and Future Planning

The Protective and Risk Assessment instrument and the PEP process, along with the program model, can be very useful tools in furthering the process of refining our continuum of services to females. Periodic updates on the profile of our female population, and information obtained from our PEP process throughout the Division will provide us the necessary information to tailor our continuum for maximum benefit to the clients. Continual emphasis needs to be placed on the use of the protective and risk assessment instrument as a basis for treatment planning, and service delivery.

We are suggesting that a core group of individuals be established in different geographic locations, and provide a base from which services emanate. This would include functions like community groups, staffings for workers and/or clients, gender sensitive training for fellow staff members and providers, and support and direction for transition services. (This may not look entirely different from the current structure in place for NOJOS.) This is taking place on a limited basis in Salt Lake County, with representatives from various functions meeting once a month to coordinate service delivery to females. While some of these functions are being provided by AFAN in Salt Lake, the core groups would allow participation among a greater number of staff, and enjoy administrative support for attendance and networking on a community level.

Currently, we are working on a model to better visualize our continuum of services to females. We are looking at the graduated sanctions model, and the levels of service as defined by the Network on Juveniles Offending Sexually (NOJOS) as basis for our effort. While still in the beginning phase, we are hoping to use our "core groups" of professionals as the catalyst, with the ability to move the girls somewhat fluidly among programs and services along the continuum.